

Prepared by and Return to:	Grantor Address:	Grantee Address:
Austin Law Firm, P.A. 6928 Cobblestone Drive, Suite 100 Southaven, MS 38672 662-890-7575	P.O. Box 352 Hernando, MS 38632 Work: N/A Home: 662-429-6228	P.O. Box 352 Hernando, MS 38632 Work: N/A Home: 662-429-6228
File No.:		

INDEXING INSTRUCTIONS: Lying in the SE ¼ of the SW ¼ of Section 28, Township 3 South, Range 7 West

Frances H. Rittenhouse
GRANTOR

TO

QUITCLAIM DEED

Frances Hightower Rittenhouse, Trustee of
The Frances Hightower Rittenhouse Revocable
Living Trust, Dated September 14, 1999
GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, I, Frances H. Rittenhouse, do hereby convey and quitclaim unto Frances Hightower Rittenhouse, Trustee of The Frances Hightower Rittenhouse Revocable Living Trust, Dated September 14, 1999, all my right, title and interest in and to the land and property lying and being situated in DeSoto County, Mississippi:

10.0 acres (435,600.0 s.f.) Being part of the Southeast Quarter of the Southwest Quarter of Section 28, Township 3 South, Range 7 West DeSoto County, Mississippi and described as follows:

Beginning at the Southeast Corner of the Southwest Quarter of Section 28, Township 3 South, Range 7 West. Said point being the Southeast corner of said 10.0 acres marked by a steel post. Thence North 05 degrees 16 minutes 03 seconds West – 417.42 feet along the east line of said Quarter Section to a 3/8 inch rebar. Point being on the West side of a gravel drive. Thence South 85 degrees 24 minutes 34 seconds West – 1043.55 feet to a 3/8 inch rebar. Thence South 05 degrees 16 minutes 03 seconds East – 417.42 feet to a 3/8 inch rebar on the South line of the Southwest Quarter of Section 28. Thence North 85 degrees 24 minutes 34 seconds East – 1043.55 feet along the South line of said Quarter Section to the Point of Beginning. Parcel being part of that property as recorded in Deed Book 31 Page 318 and Deed Book 44 Page 465 of the office of the Chancery Clerk of DeSoto County, Mississippi.

BY WAY OF EXPLANATION Frank O. Rittenhouse, Sr. departed this life on March 7, 2009 as evidenced by a copy of his death certificate.

This deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Whether or not described accurately, the GRANTOR intends to and does hereby convey and quitclaim to the GRANTEE, for a part of the consideration stated, all of the Grantor's right, title and interest in the described property situated in DeSoto County, Mississippi, together with all improvements thereon and appurtenances thereunto belonging to wit.

Said Certificate of Trust being filed simultaneously in the DeSoto County Chancery Clerks office.

Possession will be given with delivery of this deed.

WITNESS MY SIGNATURE, this the 19th day of January 2010.


Frances H. Rittenhouse

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, Frances H. Rittenhouse, who acknowledged that she signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 19th day of January 2010.



NOTARY PUBLIC

My Commission Expires:

NO TITLE WORK WAS REQUESTED OR PERFORMED

NO LEGAL OPINION RENDERED

STATE OF TENNESSEE Office of Vital Records

DK W BK 625 PG 504



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE
NUMBER

SEE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEASED
For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL
EXAMINER EXEMPTING
CERTIFICATE MUST
COMPLETE AND SIGN
MEDICAL CERTIFICATION
WITHIN 48 HOURS

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Frank O. Rittenhouse, Sr.		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 7, 2009
4. SOCIAL SECURITY NUMBER 75	5a. AGE - LAST BIRTHDAY (Month, Day, Year) 75	5b. UNDER 1 YEAR MO	5c. UNDER 1 DAY MO
6. DATE OF BIRTH (Month, Day, Year) Mar. 24, 1933		7. BIRTHPLACE (City and State or Foreign Country) Hernando, MS	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No			
9a. PLACE OF DEATH (Check only one) Hospital		9b. PLACE OF DEATH (Check only one) ER/Outpatient	
9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. FACILITY NAME (If not institution, give street and number) Baptist Memorial Hospital		11. SURVIVING SPOUSE (If wife, give maiden name) Never Married	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Self Employed		12b. KIND OF BUSINESS/INDUSTRY Mechanical Contracting Co.	
13a. RESIDENCE STATE MS		13b. CITY, TOWN OR LOCATION Hernando	
13c. STREET AND NUMBER OR RURAL LOCATION 4941 Jaybird Rd.		13d. ZIP CODE 38632	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)		17. DECEDENT'S MARRIAGE STATUS (Specify) Married	
17. FATHER'S NAME (First, Middle, Last) Spence Fleming Rittenhouse		18. MOTHER'S NAME (First, Middle, Maiden Surname) Zola Williams	
19a. INFORMANT'S NAME (Type/Print) Frances Rittenhouse		19b. RELATIONSHIP TO DECEDENT Spouse	
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 352 Hernando, MS 38632		20. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Other (Specify) Grays Creek Cemetery	
20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hernando, MS		20b. LOCATION - City or Town, State Hernando, MS	
21a. SIGNATURE OF FUNERAL DIRECTOR Daimon Weaver		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD1781	
21c. SIGNATURE OF EMBALMER Tommy Hinze		21d. LICENSE NUMBER OF EMBALMER FS1132	
22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home P.O. Box 810 Hernando, MS 38632		22b. LICENSE NUMBER OF FUNERAL HOME 17S	
23. REGISTRAR'S SIGNATURE Andrea M. ...		24. DATE FILED (Month, Day, Year) 4/1/09	
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN MD		25b. LICENSE NUMBER TN 15143	
25c. DATE SIGNED (Month, Day, Year) 3/20/09		26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER Dr. Ray Allen	
26b. LICENSE NUMBER 80 Humphreys Center Ste 202 Memphis TN 38120		26c. DATE SIGNED (Month, Day, Year) 3/20/09	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Ray Allen 80 Humphreys Center Ste 202 Memphis TN 38120			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (final disease or condition resulting in death): a. respiratory failure due to aspiration pneumonia DUETO (OR AS A CONSEQUENCE OF): b. acute right brain CVA DUETO (OR AS A CONSEQUENCE OF): c. chronic atrial fibrillation DUETO (OR AS A CONSEQUENCE OF): d. ischemic cardiomyopathy			
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No			
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No			
30. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 6 Could not be determined			
31a. DATE OF INJURY (Month, Day, Year) 3/7/09		31b. TIME OF INJURY 11:00 AM	
31c. INJURY AT WORK? 1 Yes 2 No		31d. DESCRIBE HOW INJURY OCCURRED Underlying, deteriorating, recurrent illness; non-injured	
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Hernando, MS	

PH-1859 (REV. 8/99)

BIRTH NO.

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



Sharon M. Leinbach
STATE REGISTRAR

Dorris Conner
Local Registrar
Shelby County

APR 02 2009
Date Issued



CERTIFICATION OF VITAL RECORD